



Child Survival 20 – Mali
*Partnership to Maximize Access and Quality of Family Planning
Services in Ségou, Mali*

First Annual Report

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Acronyms and Terms

AFP	Acute Flank Paralysis
AMPRODE/ SAHEL	Association Malienne pour la Protection et le Développement de l'Environnement au Sahel
ASACO	Association de Santé Communautaire
ASDAP	Association du Soutien au Développement des Activités de Population/Association for the Support of Population Development Activities
ATN	National Technical Aid
BCC	Behavior Change Communication
CBDA	Community-based Distribution Agent
<i>Cercle</i>	District
CPM	Chief of Medical Station
CPR	Contraceptive Prevalence Rate
CSCoM	Health Center
CSRef	District Hospital
DIP	Detailed Implementation Plan
DNS	National Health Directorate
DPM	Directorate of Pharmacy and Drugs
DSDS ES	Direction of Social Service Development and Interdependent Economy
DSR	Regional Health Directorate
DSR	Division Santé de la Reproduction/Division of Reproductive Health
EDS	Health and Social Survey
EIPC	School of First Year Male Nurses
EMOC	Emergency Obstetric Care
FELASCOM	Local Federation of Community Health Associations
GP/SP	Group Pivot/Santé Population
HCI	High Islamic Council
HMIS	Health Management Information System
IEC	Information, Education and Communication
IO	Nurse Obstetrician/Midwife

JHU	John Hopkins University
FP	Family Planning
MOH	Ministry of Health
NGO	Non Governmental Organization
NVD	National Vaccination Day
PE	Peer Educator
PKC	Project Kènèya Ciwara/CARE
PPM	Popular Pharmacy of Mali
PRISM Guinea	For the Integrated Strengthening of Maternal Health in Guinea
PSI	Population Services International
RDV	Regional Vaccination Day
<i>Relay</i>	CBD Agent
SASDE	Accelerated Strategy of Child Survival and Development UNICEF
SC	Save the Children Federation, Inc.
SFO	Sahel Field Office of Save the Children
SIAN	Week of Intensification of Nutrition Activities
SSS	Socio-Medical Services
STI	Sexually Transmitted Infection
TMN	Maternal and Neonatal Tetanus
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

Introduction

Save the Children (SC), in partnership with the Ministry of Health (MOH) and key NGOs, began implementing CS-20, *Partnership to Maximize Access and Quality of Family Planning Services in Ségou, Mali* in October 2004, in four “districts” (districts) of Mali. This project directly responds to community needs and MOH priorities for improving the voluntary use of modern contraception among women and men of reproductive age (15-49 years old).

Mali has one of the lowest total contraceptive prevalence rates (CPR) in Sub-Saharan Africa (5.7%) and as a result, one of the highest fertility rates (6.8%). These rates vary considerably, with a CPR of 14.7% in urban areas compared to 2.8% in rural areas. CS-20 program activities focus on the rural areas where there need is greatest.

The objectives of this project are aligned with those of the Government of Mali, USAID’s commitment to improving the prevalence of modern contraception in Mali, and to effectively address the unmet need for these services. According to DHS III, a significant number (21%) of women of reproductive age (WRA) do not want to have any more children, while another 39% of WRA want to wait at least another two years before becoming pregnant again. DHS III also reports that there is a great difference between the women who have ever used modern contraception (16%) and those who currently use it (6%).

CS-20 project interventions are designed to directly address family planning (FP) needs in particular those of young people 15-24 years old. This group constitutes a large portion of the population (169,735) and is extremely mobile. Further, the community in the project zone is very largely Islamic, with many of the religious leaders having strong Koranic beliefs.

SC has partnered with a network of local NGOs including main partners Group Pivot/Santé Population (GP/SP) and 2 implementing partner NGOs: ASDAP, Consortium JIGI-AMPRODE/SAHEL as well as regional and municipal government structures (district level), and the local MOH, to establish a network of community-based distribution agents (CBDA).

The project relies on existing health personnel, structures, reports, and plans, including the assets of UNICEF’s SASDE (the Accelerated Strategy for Child Survival) project. The coordination team responsible for project implementation and follow-up is comprised of SC staff (to provide regional support) and GP/SP staff (Training Specialist and Finance Manager) working directly with the medical social services in the project area and in the districts, and also responsible for program coordination with the other NGOs and key parties involved in health in Ségou. CS-20 staff is directly supervised by the Health Program Coordinator at SC and the Executive Director of GP/SP.

The project goal is: 17% and 24% of women of reproductive age (WRA) (15-49 years) use modern contraception in Barouéli/Macina and Niono/Tominian respectively.

This will be achieved through the following intermediate results (and selected indicators):

- IR 1: Increased access to FP services (50% of villages > 5 km from HC and > 500 persons (CBD agents) and > 750 (for PEs) persons have community-based distribution agents providing FP services;
- IR 2: Improved quality of FP service delivery (65.0 % of FP clients receive adequate counseling (disaggregate by accurate information on choice, correct use, common side effects, and when to return);
- IR 3: Increased FP knowledge and interest (60% of men and women will report ever discussing FP with their spouse or partner in the past 12 months, 80% of women and men can cite at least two benefits of modern contraception); and
- IR 4: Improved technical and institutional capacity in health services and communities to provide quality FP (70% of HCs have undertaken a quality improvement process and are measuring progress, 60% of villages with community-based distribution agents have an effective Oversight Committee (OC)).

CS-20 key strategies will be divided into two interlinked approaches: community-based services and health services strengthening. CS-20 tests the assumption that the greater results to be achieved by combining enhanced community services with strengthening health services, are worth the extra cost when compared to the approach of simply strengthening health services. Under phase one of this project, this assumption is already being tested in half of the two districts located in the project area. A health economist with experience cost-effectiveness evaluation has been recruited and will support the evaluation. The results of this study will determine which approach is retained and applied to the remaining two districts.

This report covers a 12-month period, from October 1, 2004 to September 2005, and covers all of the activities carried out and the corresponding level of effort. It outlines activities carried out during the past year, challenges faced, lessons learned and changes which have taken place.

Table 1: Number of health zones and villages by number of villages by population size and SASDE agents in CS-20 Ségou Project Zone

District	Area (km2)	Pop. in 2004	Planned health areas	Functiona l health areas	Villages	Villages of 500 Hbts & > 5 km of CSCom	Villages of 750 Hbts & > 5 km of CSCom	SASDE agents
Baraouéli	4,710	191,861	22	15	235	88	43	Not functional
Macina	11,750	184,819	15	14	242	95	46	Not functional
Niono	23,400	275,031	18	18	227	73	21	681 functional
Tominian	6,563	190,001	19	17	312	96	22	Not functional
TOTAL	46,423	814,712	74	64	1,016	352	132	681 functional

The population is widely dispersed with groups located at great distances from the community health centers. The average CSCom serves approximately 12,730 people. In terms of improving CSCom coverage, only three were made functional in Baraouéli and two in Macina during this fiscal year. This directly impacts our initial strategy to provide each health area that has a functioning CSCom with project staff. However, the coverage of these new areas does not compromise overall coverage as the villages in the new areas were already selected to receive community based-distribution agents.

Table 2. Work Plan for activities implemented by the project (October 2004- September 2005)

Activities /Person responsible	2004					2005											
	A	S	O	N	D	J	F	M	A	M	J	J	A	S			
Personnel																	
Recruitment of CS-20 Program Advisor, Training Specialist and Capacity Building officer, Accountant (SFO, DSR, GP/SP)					x												
Recruitment of support staff (SFO, GP/SP)						x											
Recruitment of two local NGOs : ASDAP and Consortium: JIGI-AMPRODE SAHEL) (SFO, GP/SP, DRS, USAID)					x	x	x										
Recruitment of 2 coordinators, 4 supervisors, 29 animators for the local NGOs ASDAP and Consortium: JIGI-AMPRODE SAHEL (ASDAP, Consortium: JIGI-AMPRODE SAHEL)										x	x						
Logistics and equipment																	
Office Rent land equipment/installation of staff CS-20 in Ségou (SFO)		x	x														
Office relocated to Bamako (SFO, GP/SP)									x								
Purchase and delivery of 17 motorbikes for ASDAP to operate in Macina main road ASDAP (SFO, GP/SP)														x			
Purchase and delivery of 17 motorbikes for Consortium JIGI-AMPRODE SAHEL to operate in Baroeuli (SFO, GP/SP)																x	
Follow-up and Evaluation																	
FP and OCAT questionnaires/data collection tools collected from partner organizations and adapted for baseline assessments (Kènèya Ciwara, PSI, Save Guinea, PRISM Guinea)						x	x										
KPC survey conducted (SC Health Program Coordinator)						x	x	x									
HFA conducted (SC Health Program Coordinator , CS-20 Program Advisor)						x	x	x									
FP Monitoring tools collected from partners organizations (Kènèya Ciwara, ASDAP, AMPRODE SAHEL-JIGI)																	
Recruitment of a Health Economist for the cost –effectiveness study (SC Health Program Coordinator)								x	x								
Elaboration of cost-effectiveness data collection tools (Health Economist, CS-20 program Advisor, FP/ RH Advisor)											x						
Partners meetings to establish the M&E plan for the project(GP/SP, SFO, ASDAP, AMPRODE SAHEL-JIGI)								x	x								
Training /manual development																	
IUD technical update workshop organized by INTERNATIONAL INTRAH HEALTH (CS-20 Program Advisor)					x												
Participation in trainings on RH counseling and Contraceptive Technology (CS-20 Program Advisor, training specialist)						x											
Participation in the PDME for health programs workshop in Bamako (07 To February 12, 2005) – (CS (Survival Specialist)							x										
DIP workshop DIP and elaboration of the DIP (CS-20 Program Advisor, DRS, SDSES, SFO, SC Health Program Coordinator, FP/RH Advisor_DC)							x	x	x								

Activities /Person responsible	2004					2005									
	A	S	O	N	D	J	F	M	A	M	J	J	A	S	
Participation in the DIP review workshop in Baltimore (CS-20 Program Advisor, SC Health Program Coordinator, Home Office)										x	x				
Participation in Program Learning Group (PLG) (CS-20 Program Advisor, SC Health Program Coordinator, Home Office)															
Participation in Global Health Council (CS-20 Program Advisor, SC Health Program Coordinator, Home Office)										x					
Participation in the training in RH counseling and Contraceptive Technology organized by the DSR and PKC (CS-20 Program Advisor)							x								
Installation of the regional, district and health area training teams responsible for formation (CS-20 Program Manager, DRS, GP/SP)						x									
Organization of an orientation session for NGO field staff (ASDAP, CONSORTIUM, CS-20 Training Specialist)												x			
Inventory of the training materials (CS-20 Training Specialist, CS-20 Program Manager, Regional Training Team, NGO)															
Organization of a workshop for the adaptation of training materials (staff from CS-20 Ségou, CS-20 Ségou, PKC, DELIVER, DRS, GP/SP, ASDAP, CONSORTIUM)												x			
Planning of the training courses at all levels (regional, cercle, health area) (CS-20, Regional Team of Trainers, CSRef, NGO Coordinators)													x		
Participation in the workshop on TAC formation organized by DELIVER (CS-20 Training Specialist)													x		
Synergy Partnership															
Participation in the regional meeting of the PRODESS Orientation, Coordination and Evaluation Committee (CROCEP), December 20-23, 2004					x										
Establishment of a draft-agreement between Save the Children and GP/SP (DFO)							x								
Establishment of a draft-agreement between CS-20 and the DRS of Ségou, DELIVER (Health Program Coordinator)									x						
Formalization of agreement of support and collaboration between CS-20 and Policy Project, HCI, PKC, UNICEF (Health Program Coordinator)							x	x	x						
Participation and coordination of USAID briefings: - restitution of CROCEP - informing of the USAID Mission and USAID/Washington about existing FP programs - restitution to the Mission for contraceptive logistics						x	x			x		x			
Participation and coordination of MOH briefings: - Preparations, report back on the results of the FP campaign - restitution meeting of the Malian delegation trip to Accra for the Repositioning FP meeting						x	x			x			x	x	
Participation in the planning and implementation meetings for FP activities throughout Ségou (DRS, other partners)						x	x	x	x	x					

Activities /Person responsible	2004					2005								
	A	S	O	N	D	J	F	M	A	M	J	J	A	S
Behavior Change Communication (BCC)														
Identification and collection of IEC materials (CS-20 Training Specialist, CS-20 Program Manager, Health Program Coordinator-SFO)										X	X	X		
Adaptation of existing IEC materials for BCC and a complete set of flip-charts (CS-20, GP/SP, ASDAP, CONSORTIUM, DELIVER, PKC)												X		
Identification and survey of local radio stations in the two districts (CS-20 program manager, CSRef)							X	X						
Community Activities														
Participation in the development of advocacy tools and the presentations of conference discussions for regional FP activities (CS-20 Program Manager)								X	X	X				
Participation in the launching of regional FP activities (CS-20 Program Manager)								X						
Support of the Macina and Baraouéli districts in Ségou in the preparation for their FP promotion day (CS-20 Program Manager)								X	X					
Installation of the NGO field staff in the districts of Macina and Baraouéli (To advise regional CS-20)												X		
Organization of the introduction meetings and advocacy for the political, administrative, religious leaders, and leaders of women’s organizations in the Baraouéli and Macina districts (CS-20 Program Manager CS-20, In-charge of the ASDAP program and CONSORTIUM)												X		
Organization of the introduction meetings and advocacy for the political, administrative, religious leaders and leaders of women’s organizations with health area chiefs (Coordinators, ASACO, Supervisors, Organizers, CPM)												X	X	
Organization of the village approach for all of the villages of the first two districts of the project zone (Coordinators, Supervisors, Organizers, CPM)												X	X	
Selection of CBD and EP relays in the villages of Macina and Baraouéli (ASACO, CPM, Supervisors, Organizers)												X	X	
Participation in CSRef/SDES with CPM monthly meetings SDES with CPM (CSRef, SDES, Coordinators, Supervisors)												X	X	
Support CSRef in the organization and the execution of the NIDs, TT campaign, SIAN (CSRef, SDES, Coordinators, Supervisors, Organizers)												X		X
Supervision of project activities (CS-20 Program Advisor, M&E Specialist, Training Specialist)											X	X	X	X

A. Main Program Accomplishments

In the first year of program activities and in accordance with the DIP and in collaboration with its partners, CS-20 carried out several activities related to the implementation of interventions as detailed below.

1. Partnerships

In pursuit of its mission which is to improve the CPR in the four districts of Ségou, CS-20 worked closely with the DNS through its collaboration with the Division of Reproductive Health and other decentralized branches of the MOH. Project staff have also had similar levels of collaboration with other key health decision makers on all levels. The below table provides a complete list of activities, results and partners who contributed to these achievements.

Table 3. List of Partners, Activities and Results

Partners	Activities	Results	Observations
DSR/DNS	Preparatory meetings for national FP campaign	<ul style="list-style-type: none"> CS-20/Ségou Member of the Technical Commission in charge of message development Initiation of national FP Campaign 	The National Director of Health had discussions with the FP and Sexual and Reproductive Health Advisor, the Health Program Coordinator for SFO and the CS-20 Advisor to provide an overview of program goals, to identify the expertise to make the evaluation cost effective and to agree on project strategies.
	Reimbursement meeting with the Malian delegation to the conference for FP provision in Accra (Ghana)	<ul style="list-style-type: none"> Decision to create a national women's network for FP support DNS/DSR expressed interest in the initial results of CS-20 baseline data 	
	Restitution meeting regarding the results of 2005 FP campaign	<ul style="list-style-type: none"> Decision to dynamize FP by the National FP Committee Decision to conduct an impact evaluation of FP services 	The DRS and CS-20/SFO agreed which exchanges are multipurpose and include other activities in addition to FP. The DRS/CSRef consequently committed to advancing/promoting the initial formation of the relays
DRS/CSRef	Preparatory meetings and implementation	<ul style="list-style-type: none"> Preparation of communications for the advocacy and conferences 	

Partners	Activities	Results	Observations
	of National FP Campaign	<ul style="list-style-type: none"> debates ▪ TA in the Macina and Baraouéli districts for social mobilization and the organization of FP Promotional Days ▪ The DRS and CSRef of Baraouéli agreed to provide bicycles as incentives and means of transport for the implementation of CBD activities in Baraouéli 	
	Vaccination campaigns (JNV, TMN and SIAN)	<ul style="list-style-type: none"> ▪ Support from Macina and Baraouéli districts in social mobilization and the implementation and supervision 	
	Support for collaboration between DRS/CSRéf and CS-20	<ul style="list-style-type: none"> ▪ Establishment of the coordination of project activities with the DRS ▪ A draft agreement between CS-20 and the DRS 	
USAID	Reimbursement for the 2004 CROCEP workshop	<ul style="list-style-type: none"> ▪ Good knowledge of the participation and progress of various USAID partners as a result of CROCEP workshops 	
	Mission preparation of the briefing of existing FP programs for USAID/Washington	<ul style="list-style-type: none"> ▪ The districts of Macina and Baraouéli were informed ▪ The Mission's program coincided with the workplan of both CSRefs 	
	Mission reimbursement for the evaluation of contraceptives logistics management	<ul style="list-style-type: none"> ▪ CS-20 listed the management strengths and weakness relative to contraceptives logistics in the two districts. 	
GP/SP	Collaboration and implementation of outlined activities	<ul style="list-style-type: none"> ▪ Established a draft agreement between SFO and the GP/SP ▪ Recruitment of local NGO (ASDAP, CONSORTIUM) in charge of program activity implementation ▪ Establishment of a draft agreement between the GP/SP and two local NGO ▪ Implication of the GP/SP in the formulation of the objectives, strategies and identification of the DIP workshop activities 	
ATN	Discussion and agreement on the areas of collaboration	<ul style="list-style-type: none"> ▪ CS-20 took part in the technology training workshop on counseling contraceptive technology held in February 2005 in Bamako ▪ Exchange of creation and communication materials as well as producers and costs. 	
PKC	Discussion and agreement on the areas of collaboration	<ul style="list-style-type: none"> ▪ Participation in the PKC workshop and the development of the CS-20 DIP ▪ Participation in the PKC workshop 	The supports and reports of the basic PKC surveys were very useful in the development of the questionnaires for CS-20

Partners	Activities	Results	Observations
		<p>for the adaptation of creation and communication materials for CS-20</p> <ul style="list-style-type: none"> ▪ Exchange of the findings of the various surveys conducted under the PKC ▪ PKC is member of the regional pool of trainers for CS-20 ▪ Exchange of training and communication documents with PKC 	
HCI	Discussion and agreement on the areas of collaboration	<ul style="list-style-type: none"> ▪ A regular working meeting and contact with members of HCI and an agreement for collaboration with the HCI president ▪ Support for HCI in making contact with the regional religious leaders and the definition of their roles in CS-20 project implementation 	The FP and Sexual and Reproductive Health Advisor from SC/Washington, the Health Program Coordinator, the SFO Health Program Coordinator, the GP/SP Director and the CS-20 Advisor initiated contact with the HCI president, the chief of the Islamic Population Network, the Secretary-General and other members of the HCI
DELIVER	Discussion on the areas of collaboration	<ul style="list-style-type: none"> ▪ Establishment of a draft-agreement between CS-20/SFO and DELIVER ▪ Accounting for the forecast of contraceptive requirements for the two districts ▪ Promise by DELIVER to adapt creation and communication materials from CS-20 ▪ Promise of CS-20 to create a TAC organized by DELIVER ▪ Implication of CS-20 in the preparations of the various missions of evaluation and supervision of contraceptive logistics organized in the zone of project CS-20 	After discussions between the Health Program Coordinator with the USAID Chief of the Health Program and the Resident Representative of DELIVER, DELIVER agrees to provide the initial equipment to the project facilities and Community Agents.
UNICEF	Discussion and agreement on the areas of collaboration	<ul style="list-style-type: none"> ▪ Participation by the UNICEF Regional Advisor in the DIP workshop in Ségou ▪ Exchange of community strategies and the selection criteria for community relays ▪ Agreement of UNICEF to provide bicycles (planned for the stopped SASDE) for community activities in the cercle of Baraouéli 	Several working sessions were carried out between the CS-20 Regional Advisor, the SFO Health Program Coordinator and the UNICEF Regional Advisor on areas of possible synergy and the prospects for SASDE. In addition, a meeting between the UNICEF Chief of Health Programs, the FP and Sexual and Reproductive Health Advisor, the SFO Health Program Coordinator and the CS-20 Regional Advisor on the prospects for the SASDE and the principal benefits of this approach.
Policy Project	Discussion and agreement on the areas of collaboration	<ul style="list-style-type: none"> ▪ Policy facilitated contact between CS-20 and the religious leaders of Ségou ▪ Policy would facilitate the plea support meetings to be organized for the religious leaders in the project zone of the project through the 	The Executive Director of Policy Project is very interested in working with CS-20, Ségou which will benefit from his analysis of the situation.

Partners	Activities	Results	Observations
		various HCI health networks	

The relationships between CS-20, SFO and project partners were strongly reinforced through meetings, and the exchange of ideas and documents. In the project zone, the coordination of implementation activities occurs within the framework of collaboration established between the USAID technical partners on one hand, and other local health officials on the other hand.

2. Training

CS-20 revised its creation plan during the DIP workshop held in Ségou and developed a final DIP document for implementation. The approach which will be used to expand abilities, includes a continuous training model which will be provided on site during regular supervisions.

The agents involved with training are located at different levels within the medical system and have varied and complementary responsibilities. In preparation for this organization and in collaboration with the DSR, DRS, DR. SDS ES, PKC, PKC and CSRef, the project has created the various training teams who have established training dates and targets.

Table 4. Training Activities

Types	Targets	Trainers	Sites
Training of the regional trainers	For the CSRef: - Doctors - Midwives - Obstetric Nurses (ON) - 1 agent SDS ES For the NGOs - Coordinator - Supervisor	Regional pool of trainers: - 1 DSR - 1 DRS - 1 DR. SDS ES - 1 PKC - 1CS-20	Ségou
Training of Trainers CBD agents and PE.	For the SSS: - CPM - Matron For NGO: - Organizers	District team of trainers: - Doctor - Wise woman - NGO Coordinator	Chef lieu of the district
Training Community Relays	- CBD - EP	Team of trainers: - CPM - Organizer - Supervisor - Matron	Chef lieu in the health zone

The goals carried out within the training framework are classified in two categories:

2.a. Development of Project training Materials

- CS-20 evaluated existing materials by collecting various training documents available to DSR/DNS on FP and among various MOH partners.
- A workshop for the adaptation of these materials was organized in Bamako by the Ségou DRS and in addition to CS-20 project staff, included staff from CS-20 Sikasso, PKC, DRS of Ségou, GP/SP, ASDAP, CONSORTIUM, and DELIVER. In response to project objectives, workshop participants selected the following information for adaptation:
 - Training Guide for clients receiving services;
 - Participant Handbook (people receiving services);
 - CBD Trainer of Trainers Guide; and

- Participant Handbook (community relay).

The drafts of the documents were shared with all workshop participants. Throughout the life of the project, these materials will be tested and modified according to project need, and will be finalized at the end of project activities.

2.b. Strengthening of Project Staff Capacity

- The Regional Project Advisor participated in the training of people receiving counseling and contraceptive technology services held in February (DSR, PKC).
- The Regional Project Advisor and the Training Specialist participated in two workshops: (1) Transfer of FP Revival and the Follow-up of the Implementation of Action Plans (INTRAH); and (2) the Program Design, Monitoring and Evaluation Workshop for Health Programs (CSTS, Home Office).
- The Training Specialist participated in the training on TAC (DELIVER). Some recommendations for improving contraceptive accessibility were made. The goal of this training was: (1) to more accurately assess real vs. estimated consumption; (2) to plan supply to ensure accurate stock-planned quantities can be modified; and (3) to readjust the consumption and PPM stocks.

Near the end of 2004, the PPM had too many condoms in stock and so distributed them quickly resulting in a complete stock-out of condoms at the end of the year. In order to avoid this situation in the future, the PPM asked that stock be returned for reconditioning and sale.

At the workshop, participants were informed that the conceptrol was expected to be replaced by neo-sampoon during 2006.

With regard to the female condom, there remains an extremely high level of stock-more than two-years' worth. Further, an emergency order of 3,000 IUDs was placed in response to the growth in expected demand for this method. The workshop also analyzed the data from AMPPF which was included with that of the PPM. The following recommendations were made:

- To evaluate the inventory in the PPM;
- To institute periodic follow-up meetings between the PPM and the DPM
- regarding stock levels;
- To standardize data collection tools regarding inventories;
- To examine the situation regarding condom stock-outs at the central level (noted in July 2005);
- To request that the PPM submit a quarterly report to the DPM;
- To involve the DPM and the DNS in introducing the female condom to the public sector;
- That GP/SP continue to promote the female condom throughout its projects including CS-20 project sites;
- To inform FP clients about the change in pills from conceptrol by neo-sampoon.

2.c. Orientation of NGO Field Staff

Two separate, two-day workshops on NGO Field Staff Orientation were organized by the partners and supported by CS-20 project staff. The goals of these workshops were to: (1) inform staff about project strategies and objectives; (2) orient participants on the community approach;

and (3) provide basic FP information to the 35 NGO agents (18 were from the CONSORTIUM and 17 from ASDAP).

3. Community Activities

3.a. Introduction of the Project into the Community

Quotation from the Macina Prefect: *“You are the only, closest partner to our cercle and the only one which covers all of the cercle. For this reason, we attach particular importance to the activities of your project and are entirely prepared for any support which is likely to obtain the results.”*

Table 5. Introduction of the Project to Macina: Chief Consultant, Council President of the Cercle, Prefect Chief of Programs (ASDAP), CS-20 Regional Advisor

Districts	No. of Information Meetings	Number of Participants-Men	Number of Participants-Women
Baraouéli	61	275	275
Macina	45	340	138
Total	106	415	413

In the districts of Macina and Baraouéli, 106 community meetings were held and attended by 828 people. The two meetings were held separately in primary locations of the districts prior to the community meetings. The project used a community approach which proceeded in three stages.

1. A brief introduction and overview of primary locations of the two districts marked the launching of the project and introduced staff to the various partners.
2. In Macina, this meeting included the Cercle Prefect, the Chief Consultant, the President of the Cercle Council, all of the heads of prefectural departments, representatives of the NGOs present, all of the mayors of the rural communes and all CSRef personnel. In Baraouéli, the meeting included the Prefect, the Chief Consultant, the DRS Representative and Chief Consultant, all heads of the medical stations, CSRef personnel from the Teaching Center of Animation (CAPE), and representatives from women's associations of the city. These two meetings organized by CS-20 staff and the NGO management teams were attended by 143 people. In these two districts, FP is a serious community need and SC and its partners are the only providers close by. Therefore, the communities confirmed their interest in a close partnership with CS-20 in order to provide the services necessary to their community members.
3. In the primary health areas, the CPM and organizers supported by ASACO, organized a request and briefing for the community leaders and the civil company organizations.

These meetings which were attended by village representatives, were used as framework for planning the next stages to be implemented by the villages in the health areas. It should be noted that in each health area, the coordination and follow-up teams were based on members of women's associations of the CAFO, which ensured strong mobilization.

The organizers created teams with the Medical departmental heads, to ensure that all of the villages in the area were included, and to explain CS-20 project goals and ensure good promotion of FP services. These various meetings mobilized approximately 1,598 people.

3.b. Identification of the Villages/ Selection of Community Agents

CS-20, in its detailed action plan, envisioned a set number of villages as part of its strategy, with Community Agents being responsible for making them functional. Based on this plan, CS-20 staff discussed selection criteria for the relays with UNICEF and the DRS, which include being:

- A resident of the village and speak the local language;
- Able to read and write;
- Active;
- Available and willing to volunteer;
- Stable/reliable and to have an occupation in the village;
- Credible (honest, respectful, sociable, discrete, tolerant); and
- (Preferably) experienced in social mobilization (old relay, organizer, leader, etc.)

The principal attribution of the relay is to inform, sensitize, encourage BC, and follow-up on the application of the key FP family practices.

The two categories of villages include:

- Villages with CBD and PE: at a minimum distance of 5 km from health centers and a minimum of 750 inhabitants; and
- Villages with only CBD agents: at a minimum distance of 5 km from health centers and a minimum population of 500 inhabitants

The organizers, in collaboration with the CPM and ASACO, proceeded to choose villages on the basis of documentation review and with the confirmation of a practitioner in place. The selection of relays is made during a village assembly when the CSCoM team explains to the community the need for making a good choice to ensure a strong partnership and for the health of the village. As described in the introduction, we have two zones in each health district, as detailed below:

Table 6. Health District Zones

Districts	Baraouéli		Macina		Total
	Planned	In place	Planned	In place	
Medical Health Zone Areas	7	6	7	7	13/14
Community Health Zone Areas	8	9	7	7	16/15
# of villages with CBD agents	28	15	41	25	31/69
# of villages with PE	17	8	18	25	33/35
# CBD agents	56	30	82	32	62/138
# PE	34	16	36	52	68/70

This table shows notable progress in the establishment of community structures including the total number of villages with CBD agents. More than half have not yet chosen their CBD relays yet due to logistical difficulties. Therefore, identification and selection activities continue.

3.c. Family Planning

Within the framework of promoting FP in Mali, the MOH and its partners organized a national campaign for FP promotion. SC, through CS-20, participated in this activity at several levels including:

- At the national level, CS-20 staff took part in the preparatory meetings and in the commissions for technical contributions and activity programming. In collaboration with

GP/SP and its partners, CS-20 took part in the organization of a FP caravan on the road between Bamako-Koulikoro. The purpose of this caravan was to mobilize populations along this road and the capital, to achieve greater acceptability of FP.

- At the regional level, CS-20 staff worked with the DRS and its partners for the development of various communications to be used for conference meeting discussions, for public discussions, and for the meetings with religious leaders from Ségou and in the districts. CS-20 also provided the technical notes used to prepare the discussions for the launching ceremonies chaired by the principle head in the governor's office. CS-20 provided FP pins for participants in the national launching ceremony for FP.
- At the district level, CS-20 supported the socio-medical teams by: (1) preparing their communication requests for the religious leaders; and (2) developing their media plans by sharing our experiment in implementing similar plans.

3.d. Participation in Biennial Cultural and Artistic Events

Every two years, Mali organizes cultural and artistic events. The cultural exchange event has broad appeal and attracts young people from all areas of Mali. This year, the town of Ségou was used as a model for this activity which benefited from USAID funding. It opened a health information and mass sensitization booth which CS-20 staff and partners participated in (ATN, PSI, PKC, DELIVER, NETMARK, Policy Project) supported by the two local NGOs and which was promoted over a local radio station. The goal of this was to reach as many sectors of Malian society as possible, not only to inform them about the range of health services available, but also to inform them about the importance of USAID support for improved health in Mali.

In addition to the information booth, other activities were used to promote USAID support of Malian health.

▪ Activities

During seven days (September 4-10, 2005), several activities were organized inside and outside the USAID stand. The principle priority topics were: FP and Malaria prevention. Other topics included vaccination for diarrheal diseases, nutrition, HIV/AIDS/STIs and contraceptive logistics.

The activities carried out fall into two categories: promotion activities inside and outside the booth.

1. At the booth

Booth activities include: plays and contests followed by meetings of the animation group, posters, training modules, contraceptive samples (male and female condoms, collar beads), testimonies, interviews, male and female condom demonstrations, and promotional bags for officials which included a box with flip-charts for CBD agents, an insecticide-treated mosquito net, two Tee-shirts, and condoms.

A chart recorded the number of visitors, the number of participants in the play contest, and any suggestions and comments .

The regional office of CARE/Mali organized a cocktail reception to thank and honor all of the organizers.

2. Outside the booth

Other activities included hanging banners, posters and advertisements in the demonstration rooms of USAID and its partners. The banners were also posted on the CAD Amari stage during the closing ceremony.

▪ Results

Many public officials visited our booth including the Minister of Culture, the Minister of Finance, the local governor and the President of the Regional Assembly. Over the course of the seven days, the stand was visited by 1,404 people. The majority of the visitors were adults (58%) while youth accounted for 42% of visitors. The majority of both adult and youth visitors were female, 58% and 56% respectively.

The play contest involved the participation of 376 people, 177 of whom received a prize. Further, other participants received consolation prizes, including condoms, tee-shirts, pens or folders). The participants in the plays who gave the best answers, received a tee-shirt and two packages of condoms. During the celebration, 177 prizes were distributed, or an average of 25 prizes per day. The number of youth who participated in the contest is slightly higher than that of adults, 52% and 48% respectively.

In addition, it is important to note the predominance of male participants (56% vs. 44%). Women as well as men were welcome to participate, however many of the women were timid and declined the request to participate.

The following are some testimonies given after the plays and promotion meetings:

Mr. A. Traoré come to support his 18-year old daughter in the play contest on FP *“For me, the important one is not the prizes to be given but the wealth of information. With this information, our children will be able to protect themselves from unwanted pregnancies and HIV/AIDS/STIs. Anything which assists us parents. When I get home, I will sensitize the other children to come to listen to information on health.”*

In response to the question whether the Islamic religion approves of FP or not FP, Mr. H. Djiré 49 years old declared, *“The religion authorizes FP since it recommends the faithful provide good education to their children. It is easier to achieve this duty when children are spaced rather than with too many children.”*

Two youths from Medersa read, explained and commented on the contents of a poster written in Arabic which supported FP.

It should be noted that the audience had difficulties with the following questions:

1. The management of cases where birth control pills are forgotten.

2. The causes of the goiter which are not related to iodine deficiency.

3. d. Participation in Other SSS Activities

Table 7. Participation in Other SSS Activities

Districts	Other partners	Other activities	Roles
Baraouéli	- Global 2000 - AMPPF	- RVDI (12-15/08/05) - RVDII (16-19/09/05)	- organization - Supervision - Restitution - Vaccinators
		- Identification AFP - Formation Agents - Creation, CSCCom dynamization	- Community Approaches - Facilitation
Macina	- Association du Sahel d'aide a la Femme et a l'Enfance - Yamaneh Suisse (Helps women with fistula to access treatment)	- Dialogues	- Information Exchange

With the goal of facilitating the impact of program activities, CS-20 integrated SSS structures into all levels of zonal intervention as follows:

- With the DRS, the Project Advisor is a member of all of the regional follow-up and coordination committees and a member of the regional supervision team;
- On the district level, the coordinators are members of the CSRef pool of trainers, supervision teams, Vaccination Campaign Steering Committees, and intensification of nutrition activities. The district coordination teams supported the districts in the accomplishment of certain activities such as the formation of 15 CPM, 15 Perinatal Matrons, vaccination campaigns, HMIS, epidemiologic response; identification of acute flask paralysis (AFP), and community approaches for the installation of new health areas (two areas in Baraouéli and an area in Macina).
- At the regional level, the supervisors joined CSCCom personnel in their localities to conduct all of the regional and national health activities, including support of the Regional Vaccination Day (RDV) as vaccinators and supervisors.

▪ Follow-up and Evaluation

CS-20, Ségo recorded several achievements including:

- Regional Orientation Committee Workshop of PRODESS (CROCEP) held from December 20-23, 2004 in Ségo under the auspices of the area governor. This workshop was organized by the Regional Health Departments and Social Development of the Economy and Solidarity. This workshop was attended by key health representatives in the area including CS-20 which was represented by the Regional Project Advisor. The workshop was designed to:
 1. Review 2004 program activities for the district socio-medical teams, and the regional directorates including the hospital and the EIPC (Nursing School - First Cycle);
 2. Examine the 2005 operational plans for the medical districts, the Regional Health Departments and Social Development of the Economy and Solidarity, the hospital and EIPC.
 3. Validate 2005 operational plans of the various structures.

During this workshop, CS-20 staff worked closely with the teams from the phase one districts (Baraouéli, Macina) to integrate activities designed for the first year. These included project activities which were examined and confirmed by the workshop as proof that our interventions are answers to the expectations of PRODESS.

PDME Workshop

The objectives of the workshop were as follows:

- To improve the competences of program design through the use of a results framework;
- To familiarize participants with qualitative research tools, investigations, service data acquisition, the evaluation of the health services and other tools for basic evaluation and monitoring;
- To practice the analysis of primary and secondary data in the design framework, follow-up and program evaluation;
- To develop an example of a FP project using a results framework;
- To select indicators and to work out an M &E plan for the sample program, including the input of data;
- To practice using the new results framework and using data to evaluate the current project design.

The regional workshop organized by SC, CSTS and GP/SP was conducted from February 7-12, 2005 in Bamako and was also attended by staff from Guinea. The CS-20 project was represented by the CS-20 Project Advisor and the Training Specialist. The workshop improved staff understanding and the development of the DIP.

DIP Workshop

A DIP Workshop was held from March 31-April 2, 2005 in Ségou. It brought together the SSS of the four districts in the CS-20 project zone, CS-20 Sikasso, UNICEF, FELASCom, PKC and the DRS. The workshop was held to develop a detailed and functional project plan for the five-year period. Specific objectives included:

- Encouraging a dialog with partners in order to have a comprehensive project document;
- Reviewing and discussing the preliminary results of the situation analysis;
- Defining and agreeing on the project strategies, activities and process indicators;
- Unifying partners in order to ensure the success of the project; and
- Identifying priority activities for the next stage.

The next stages of this process were the participation of the CS-20 Project Advisor in the DIP Review Workshop held in Baltimore, MD (USA) and the finalization of the document submitted to USAID.

Basic Investigations

CS-20 conducted three evaluations:

- HFA
- KPC
- OCAT

Results have been compiled in three reports drawn up at the end of these evaluations. It should be noted that the DRS was the principle actor in the implementation of all of these investigations. The last evaluation involved the selection of local NGO partners for project implementation. In addition to DRS, the local USAID Mission participated in all the stages of the selection process. A cost effective evaluation is currently in progress. The results of this study will make it possible to choose the most cost effective approach, and will be used during the second phase of project activities.

B. Factors that Impeded Progress

The implementation of this project had some challenges related to external factors. A substantial number of activities are planned with MOH partners and NGOs, who were frequently unavailable because they were asked to attend other national or regional activities, or due to high staff turnover. This situation which mobilizes all the players at the same time seriously hindered the implementation of our activities in accordance with the workplan.

A decision was made not to expand UNICEF's SASDE approach, which was supposed to be the basis for our community intervention. The approach was a pilot the Ministry of Health did not renew and therefore CS-20 has not been able to take advantage of this structure.

In order to facilitate the process, several activities to strengthen the partnership were conducted to mitigate the impact of changes in management. In addition, conciliation meetings were increased with partners especially, with the Ministry of Health, in order to better organize activities and ensure that staff is available to attend project activities.

Having contact with other organizations working in the same project area has been a major asset. This enabled CS-20 to take advantage of technical assistance to facilitate the strategic planning process for project activities, a critical element for the success of a project. Partners from several projects, including Kénéya Ciwara/CARE, JSI/Deliver and ATN, have promised technical support whenever needed.

C. Technical Assistance Needs

During this first fiscal year, CS-20 benefited greatly from the following technical assistance:

- The Health Program Coordinator for the basic investigations (EPSS, CPC);
- The FP/RH Advisor for the DIP workshop, DIP review and the drafting of the project document; and
- A health economist for the cost effectiveness analysis of the project approaches.

For the next project year, the following technical assistance is needed:

- The continued assistance of the health economist;
- Expertise of the FP/RH Advisor, for the evaluation of effectiveness of project strategies and strengthening activities; and
- The continuous support of the health coordinator for technical orientation, synergy with the other health programs and national project visibility.

D. Change in the Design of the Project

Basically, there were no significant changes compared to the initial conceptualization of the project. The only notable changes include:

1. A modification of the basic structures which will provide services to nearby villages. At the beginning, CS-20 planned to add responsibilities to the existing community relays (supported by UNICEF) resulting from the SASDE approach who, at the time, were expected to be active in the four districts. However, due to the interruption in the implementation of this strategy and the absence of SASDE agents in the first 2 districts, CS-20 has had to start from scratch and to put in place CBD agents who will only provide FP services.
2. The transfer of the office from Ségou to Bamako due to strategic and financial reasons. This involved a modification of the budget and allowed us to support certain levels of activities essential for the accomplishment of project goals.

E. Sustainability Plan

Sustainability will be addressed by the project and its partners in the second year.

F. Information Requested in the DIP Consultation

Operations research: The issue of the relevance of the OR was brought up during the DIP workshop. It was agreed that the project would seek input from Dr. Jim Foreit/Pop Council regarding the relevance, study design and also technical assistance.

Dr. Foreit agreed that the study was worth doing and that given the low CPR in Mali, increasing access to FP through CBD would probably result in more use than facilities strengthening alone. The question therefore of how much the additional cost of the additional CYP produced would be relevant if the MOH was interested in scaling up the results to the rest of the region or country. The FP/RH Advisor has had several meetings with Dr. Foreit and Virginia Lamprecht and is currently addressing the issues with the team in Bamako. A research protocol will be forwarded to USAID/Washington as soon as this process has been completed.

G. Flexible Fund Indicators Reporting Table

Please see Annex 1 and 2.

H. Program Management

Management

The first year of implementation of this project coincided with many management changes within SC's Mali field office, exacerbated by budget constraints partly due to an increase in the Dollar-Euro exchange rate resulting in problems such as :

- The inability to recruit a consultant to process the baseline data which led to delays in getting reports finalized.
- Delays in getting partner agreements signed due to changes in leadership.
- Delays in purchasing equipment

Despite these constraints and delays, the project has been able to carry out activities as planned. An alternative solution was found to enable the acquisition of equipment which is currently in place.

The installation of CS-20 teams by level (regional, medical district, surface of health and village) made it possible to establish a communication system which facilitates the access to information for all and sundry and especially allows coordination with all the partners on the project.

I. Mission Collaboration

CS-20 Ségou has a working relationship with the Mission having immediately responded to the Mission's request to participate in all national, regional and local FP activities involving other partners on the ground such as project Kénéya Ciwara, ATN and Deliver. CS-20 staff have worked with these partners within the framework of FP activities that are conducted in the project area. (Example: FP campaign). The team was visited by two central USAID/Washington Missions interested in FP. The team also belongs to the National FP Committee and participates in all of the meetings organized by the local Mission.

J. Activity Timeline for the Second Year

During the second project year, CS-20 plans to carry out the following activities:

Table 8. Year Two Project Activities

Activities	Workplan			
	T1	T2	T3	T4
Formation				
Formation of the pools of trainers from the medical districts	X			
Formation of the CPM and Matrons of the health areas	X			
Training of the organizers, supervisors and coordinators of two NGOs who are implementing activities	X			
Formation of CBD relays	X			
Formation of EP relays	X			
Training of people receiving benefits and ASACO in PDQ		X		
Behavior Change Communication				
Copying and printing educational materials	X			
Copying and printing promotional materials	X	X		
Selection of radio stations close to partners	X			
Development and signature of a draft-agreement with the selected local radio stations	X			
Orientation of the radio organizers	X	X		
Broadcast of the radio messages		X	X	X
Information, Education, and Communication in the villages and health centers	X	X	X	X
Follow-up evaluation				
Supervision the Regional Health Team of Ségou in the districts	X		X	
Supervision of the team of the district in CSCoM	X	X	X	X
Supervision of the team of CSCoM in the villages				
Participation in the coordination meetings at the district, regional and national levels	X	X	X	X
The organization of the monthly meetings with the staff of two NGOs	X	X	X	X
Development and the installation of the data tools resulting from the execution of the activities	X			
Collection, compilation, analysis and dissemination of the results	X	X	X	X
The finalization and the use of collection tools for the cost effectiveness study	X			
Data-gathering cost effectiveness	X	X	X	X
Participation in the development workshops of the socio-medical development plans of the districts and the health zones	X			X

Activities	Workplan			
	T1	T2	T3	T4
Participation in the programming meetings in the districts	X			X
Participation in the CROCEP	X			
Preparation of the retirement and preparations of phase II				X
Contraceptive logistics				
To supply the health structures and the community relays with contraceptive products	X			
Resupply of the health structures with contraceptives	X	X	X	X

K. Highlights (none for this first year)

Conclusion

The first year of CS-20 project activities was primarily devoted to the situational analysis, the recruitment of NGO partners and their staff, and especially the development of the DIP. During this period, SC also reinforced its presence at the regional level through continuous involvement in the implementation of key activities organized by the DRS and CSRef, but also, by the integration of our activities into district operational plans. At the national level, SC was regularly asked by the MOH to contribute to FP forums and other population activities. The challenges faced by CS-20 in this first year, resulted in lessons learned that will be applied to achieve project results.

ANNEX 1

ANNEX 8: USAID PVO/NGO FAMILY PLANNING & REPRODUCTIVE HEALTH FLEXIBLE FUND

Annual Report Work plan Table¹

Year Covered by Report: October 1, 2004 to September 30, 2005

INTERMEDIATE RESULT 1: INCREASED KNOWLEDGE AND INTEREST IN FAMILY PLANNING

INTERMEDIATE RESULT 1: INCREASED KNOWLEDGE AND INTEREST IN FAMILY PLANNING														
MAJOR ACTIVITIES KNOWLEDGE AND INTEREST	Past Year ²				Next Year ³				Future Years ⁴			ACTIVITY COMPLET ED? ⁵ Y/N	Comments	
	1	2	3	4	1	2	3	4						
National Policy Level <i>(Coordination with Stakeholders, including Ministry of Health (MoH), other Public Sector, Multilateral Donors (USAID, etc.), Development Organizations and other PVOs/NGOs, Private Sector, etc.)</i>														
National FP campaign		X	X											
Identification and collection of IEC materials			X	X										
Adaptation of existing IEC materials for BCC and a complete set of flip-charts				X										
Regional/Department Level <i>(Coordination with Stakeholders (Department MoH, other Public Sectors, Private Sector, local NGOs, and community groups))</i>														
Development of advocacy tools			X											
District/Municipality Level <i>(MoH, Public and Private Facilities, local NGOs, and community groups)</i>														
All 531 villages in Macina and Baroueli elected to participate in the CBD arm if selected				X										
Meetings held to present project activities in 249 villages in Baraoueli and 282 villages in Macina with community leaders, community oraganizations and WRA.				X										
Identification and survey of local radio stations in the two districts		X												
Participation in district FP campaign		X	X											
Community/Household Level <i>(community health workers and educators, community-based distributions agents (CBDAs), support groups, etc)</i>														

Please note that the Annual Work plan Table is derived from the original PIP Work plan.

1 "Past Year" is the year covered by this report.

2 "Next Year" is the year following the year covered in the Annual Report.

3 "Future Years" complete as per number of years of the program.

- 4 Only address activities that were planned for the year covered in the Annual Report.

USAID PVO/NGO FAMILY PLANNING & REPRODUCTIVE HEALTH FLEXIBLE FUND

Annual Report Work plan Table¹

Year Covered by Report: October 1, 2003 to September 30, 2004

INTERMEDIATE RESULT 2: IMPROVED QUALITY OF FP SERVICE DELIVERY IN FACILITIES AND IN THE COMMUNITY														
MAJOR ACTIVITIES IMPROVED QUALITY	Past Year ²				Next Year ³				Future Years ⁴			ACTIVITY COMPLET ED? ⁵ Y/N	Comments	
	1	2	3	4	1	2	3	4						
National Policy Level (<i>Coordination with Stakeholders, including Ministry of Health (MoH), other Public Sector, Multilateral Donors (USAID, etc.), Development Organizations and other PVOs/NGOs, Private Sector, etc.)</i>)														
USAID agreement to supply start-up contraceptive methods through DELIVER			X											
Regional/Department Level (<i>Coordination with Stakeholders (Department MoH, other Public Sectors, Private Sector, local NGOs, and community groups)</i>)														
Project start up training	X													
PDME workshop		X												
Constitution of a pool of Trainers for each level		X												
Planning of training sessions validated by DRS				X										
Development of operations manuals and curricula			X											
Adaptation of training materials			X	X										
District/Municipality Level (<i>MoH, Public and Private Facilities, local NGOs, and community groups</i>)														
Draft-agreement signed with the RHD outlining supervision plan for lower levels			X											
Baseline assessments		X												
NGO staff established in respective districts			X											
Purchase and delivery of 17 motorbike for each NGO to operate in their district				X										
Evaluation of contraceptive supplies														
Supervision of project activities			X	X										
Community/Household Level (<i>community health workers and educators, community-based reproductive health agents (CBRHAs), support groups, etc</i>)														

- 1 Please note that the Annual Work plan Table is derived from the original PIP Work plan.
- 2 “Past Year” is the year covered by this report.
- 3 “Next Year” is the year following the year covered in the Annual Report.
- 4 “Future Years” complete as per number of years of the program.
- 5 Only address activities that were planned for the year covered in the Annual Report.

USAID PVO/NGO FAMILY PLANNING & REPRODUCTIVE HEALTH FLEXIBLE FUND

Annual Report Work plan Table¹

Year Covered by Report: October 1, 2003 to September 30, 2004

INTERMEDIATE RESULT 3: INCREASED ACCESS OF COMMUNITIES TO FAMILY PLANNING SERVICES

MAJOR ACTIVITIES INCREASED ACCESS	Past Year ²				Next Year ³				Future Years ⁴				ACTIVITY COMPLET ED? ⁵ Y/N	Comments	
	1	2	3	4	1	2	3	4							
National Policy Level <i>(Coordination with Stakeholders, including Ministry of Health (MoH), other Public Sector, Multilateral Donors (USAID, etc.), Development Organizations and other PVOs/NGOs, Private Sector, etc.)</i>															
Regional/Department Level <i>(Coordination with Stakeholders (Department MoH, other Public Sectors, Private Sector, local NGOs, and community groups))</i>															
District/Municipality Level <i>(MoH, Public and Private Facilities, local NGOs, and community groups)</i>															
Community/Household Level <i>(community health workers and educators, community-based distributions agents (CBDAs), support groups, etc)</i>															
62 CBD agents have been selected by their communities				X									N		
68 peer educators have been selected by their communities				X									N		
31/62 villages completed the selection of community agents				X									N		31 villages need to complete the selection process

1 Please note that the Annual Work plan Table is derived from the original PIP Work plan.

2 "Past Year" is the year covered by this report.

3 "Next Year" is the year following the year covered in the Annual Report.

4 "Future Years" complete as per number of years of the program.

5 Only address activities that were planned for the year covered in the Annual Report.

USAID PVO/NGO FAMILY PLANNING & REPRODUCTIVE HEALTH FLEXIBLE FUND

Annual Report Work plan Table¹

Year covered by Report: October 1, 2003 to September 30, 2004

INTERMEDIATE RESULT 4: IMPROVED TECHNICAL AND INSTITUTIONAL CAPACITY IN HEALTH SERVICES AND COMMUNITIES TO PROVIDE QUALITY FP SERVICES

MAJOR ACTIVITIES	Past Year ²				Next Year ³				Future Years ⁴				ACTIVITY COMPLET ED? ⁵ Y/N	Comments	
	1	2	3	4	1	2	3	4							
National Policy Level (Coordination with Stakeholders, including Ministry of Health (MoH), other Public Sector, Multilateral Donors (USAID, etc.), Development Organizations and other PVOs/NGOs, Private Sector, etc.)															
Identification of NGO partners		X													
Subagreements developed and signed with partners			X												
Organizational Capacity Assessment of NGO partners		X													
Contacts with national partners established		X													
Office rental in Segou	X														
Main office relocated to Bamako			X												
Regional/Department Level (Coordination with Stakeholders (Department MoH, other Public Sectors, Private Sector, local NGOs, and community groups))															
Project start-up training	X														
DIP workshop and writing			X												
Project launched at regional level			X												
District/Municipality Level (MoH, Public and Private Facilities, local NGOs, and community groups)															
All 531 villages in Macina and Baroueli elected to participate in the CBD arm if selected			X												
Meetings held to present project activities in 249 villages in Baraoueli and 282 villages in Macina with community leaders, community oraganizations and WRA.			X												
Community/Household Level (community health workers and educators, community-based distributions agents (CBDAs), support groups, etc)															

1. Please note that the Annual Work plan Table is derived from the original PIP Work plan.
2. "Past Year" is the year covered by this report.
3. "Next Year" is the year following the year covered in the Annual Report.
4. "Future Years" complete as per number of years of the program.
5. Only address activities that were planned for the year covered.

ANNEX 2

ANNEX 9 Indicator Reporting Table for Annual Reports Year I – October 2004 to September 2005

Result	#	End of Program Target/ Indicator	Method	Baseline Number or Survey Denominator	Baseline Percent	Confidence Interval
Key end result /strategic objective: Increased voluntary <u>use</u> of FP and improved FP practices	KR1	Couple-Years of Protection (per year)	MOH SS	Baseline N/A		
	KR2	17%/24% of WRA (15-49 years) use modern FP method	Pop. Survey	WRA: 489	8.2%	5.8%, 11.5%
				Adol: 401	6.5%	4.2%, 10.0%
	KR3	65%/70% of WRA report being a 'new user' of a modern method of FP	Pop. Survey	WRA: 39	59.0%	43.5%, 72.9%
				Adol: 26	65.4%	47.1%, 80.0%
		Number of users new to contraception (per year)	MOH SS	Baseline N/A		
	KR4	60%/65% Continuation rates	Pop. Survey	WRA: 37	67.6%	51.9%, 80.1%
				Adol: 26	61.5%	40.2%, 79.2%
	KR7	Adequate birth spacing	Pop. Survey	WRA: 95 Adol: 92	82.1% 78.3%	71.5%, 89.4% 67.8%, 86.0%
	KR9	Unmet need for family planning	Pop. Survey	WRA: 351	88.0%	83.5%, 91.4%
				Adol: 285	88.1%	82.5%, 92.0%
Result 3: Increased <u>access</u> of communities to FP services	R3.1	70%/90% of women (15-49) live within 5 km of a FP service delivery point	Pop. Survey	392	56.4%	45.9%, 66.4%
		50% of villages >5km from HC and >750 persons have PEs providing FP services to adolescents	MOH SS	Baseline N/A	N/A	
		50% of villages >5km from HC and >500 persons have CBD agents providing FP services to adults	MOH SS	Baseline N/A	N/A	
	IR 3.2	40%/70% of WRA report discussing FP with a health or FP worker or promoter in the past 12 months	Pop. Survey	WRA: 662	25.1%	20.9%, 29.8%
				Adol: 585	23.1%	18.9%, 27.9%
	IR 3.5	90% of CBD agents and PEs had no stock-outs of oral contraceptives or condoms in the last three months	CBD/PE survey	11	9%	

Result	#	End of Program Target/ Indicator	Method	Baseline Number or Survey Denominator	Baseline Percent	Confidence Interval
	IR 3.6	50% of the community outreach clinics include the provision of Depo-Provera	MOH SS	Baseline N/A	0%	
Result 2: Improved <u>quality</u> of FP service delivery by providers in facilities and in the community	IR2.1	50%/65% of FP clients receive adequate counseling	Pop. Survey	39	12.8%	5.8%, 26.1%
	IR2.3	90% of HCs that report no stockouts of Depo-Provera in the last 12 months (6 months)	HFA MOH SS	16	56.25%	
	IR 2.4	90% of CBD agents have received 3 supervision visits in the last quarter	CBD/PE Survey	11	0%	
		80% of CSComs that received a supervisory visit in the past 3 (6) months (routine supervision)	MOH SS	10	40%	
	IR 2.7	Number of FP trainees by type of personnel and topic of training (training volume)	MOH SS	Baseline N/A	N/A	
Result 1: Increased <u>knowledge and interest</u> in FP services through PVO/NGO involvement	IR 1.1	40/60% of sexually active men and women report having discussed FP with their spouse or (cohabiting) partner in the last 12 months	Pop. Survey	WRA: 577 MRA: 455	8.0% 16.9%	5.6%, 11.2% 13.2%, 21.4%
				Female Adol: 504 Male Adol: 258	7.5% 20.2%	5.0%, 11.2% 15.7%, 25.5%
	IR 1.3	90% of respondents report having heard about at least three methods of FP	Pop. Survey	WRA: 662 MRA: 673	83.8% 65.8%	79.9%, 87.1% 61.2%, 70.2%
				Female Adol: 585 Male Adol: 584	82.2% 57.2%	78.2%, 85.7% 51.9%, 62.3%
	IR 1.4	75%/90% of women (15-49) know where to obtain FP services	Pop. Survey	WRA: 662	59.8%	54.1%, 65.3%
				Adol: 585	60.3%	55.0%, 65.5%
	IR 1.5	50%/80% of men report they are favorable towards the use of modern contraception	Pop. Survey	*Not measured in baseline survey		
	IR1.6	70%/80% of men can cite <u>at least two</u> benefits of modern contraception	Pop. Survey	MRA: 673 Adol: 584	53.8% 40.6%	48.8%, 58.7% 35.8%, 45.6%
	IR1.7	50% of mothers with children <12 months who received counseling about birth spacing	Pop. Survey	WRA: 174	23.6%	16.7%, 32.1%
				Adol: 171	20.5%	14.7%, 27.9%
	IR4.1	Program sustainability plan in place	Project Reports			

Result	#	End of Program Target/ Indicator	Method	Baseline Number or Survey Denominator	Baseline Percent	Confidence Interval
Result 4: Improved <u>social and policy environment</u> for FP services and behaviors	IR4.6	60%/80% of planned health facility (CSComs and CSrefs) supervisory visits by District Medical Team are conducted	HFA	12	25%	
	IR4.7	60%/80% of health facilities have undertaken a quality improvement process for FP and are measuring progress	HFA	Baseline N/A	N/A	
	IR 4.8	Project partners document and disseminate the cost-effectiveness of community-based distribution in Mali	Project Reports			
	IR 4.9	50%/60% of HC Boards supervise CBD agents on a quarterly basis	OCAT	Baseline N/A	0%	
	IR4.10	50%/60% of villages with CBD/PEs have an effective OC	OCAT	Baseline N/A	0%	
	IR4.11	30%/30% of the membership of OCs will be women	OCAT	Baseline N/A	N/A	

Indicator sources: **Pop. Sur.** = Population-based Survey, **MOH SS** = Ministry of Health Service Statistics, **OCAT** = Organizational Capacity Assessment Tool, **CBD/PE Survey** = Community-based Agent and PE Survey

CS-20 is currently finalizing HIS forms that will be used to collect data to report on utilization of services.